In his directions for the employment of electrolysis in hypertrichosis, which are given with the most satisfactory fulness of detail, the author states that it is better to operate in succession upon contiguous hairs, instead of selecting one here and one there, as the latter course is productive of greater pain. The former method may, indeed, be less painful, but is in our judgment much more likely than the latter to result in permanent scarring, in consequence of the greater inflammation produced thereby.

In connection with the etiology of alopecia areata it seems to us that somewhat insufficient consideration has been given to the evidence which has been presented by eminent observers, bearing upon the question of its sometime parasitic nature.

In his account of lupus erythematosus a more detailed description of its appearances upon the hands, which Dr. Hyde is especially competent to contribute, and upon the scalp, would have given it greater value.

The chapter on tuberculosis of the skin is unsatisfactory, in which respect it unfortunately represents fairly enough our present knowledge of an important field of cutaneous pathology.

With regard to the favorable influence of a residence in the United States upon the course of leprosy in the individual, we are not prepared to admit the optimistic views of the author, although there can be no question that the changed ways of living here may materially affect the further spread of the disease among the immigrants from Scandinavia.

But these few questionable points of criticism affect in no measure the great value of the work. We can heartily commend it, not only as an admirable text-book for teacher and student, but in its clear and comprehensive rules for diagnosis, its sound and independent doctrines in pathology, and its minute and judicious directions for the treatment of disease, as a most satisfactory and complete practical guide for the physician. J. C. W.

TRAITÉ DE CHIRURGIE DE GUERRE. By E. DELORME, Médicin-Major de 1re classe; Professeur de clinique chirurgicale et de blessures de guerre au Val de Grâce. TOME PREMIER. HISTOIRE DE LA CHIRURGIE MILITAIRE FRANCAISE, PLASIE PAR ARMES A FEU DES PARTIES MOLLES. Avec 93 figures dans le texte et une planche en chromo-lithographie. Pp. viii., 668. Paris: Félix Alcan, 1888.

TREATISE ON THE SURGERY OF WAR. By E. DELORME, Surgeon-Major of the 1st class, etc. Volume I.

WHEN the French army was beleaguered at Metz in 1553, the garrison, depressed by disease and injuries and hopeless of delivery, were almost on the point of surrendering, when Ambroise Paré was conveyed through the enemy's lines and brought into the city. The soldiers greeted him with acclamation, crying, "We need have no fear of dying, now that Paré is with us!" New spirit was infused into all hearts, and a stout resistance to the enemy was maintained until the siege was raised. While perhaps the personal influence of Paré has not attended all of his successors, it is a noteworthy fact that from his day the French military surgeon has possessed great influence with his comrades and a high reputation among his professional contemporaries. A work upon military surgery, then, emanating from the school of Val de Grâce, carries with it much authority and is entitled to a most careful study.

Not the least attractive feature of the work of Delorme is the extensive review of French military surgery with which it is introduced. Occupying a little more than half of the first volume, the space devoted to the historical aspect of the subject is in marked contrast to that observed in English and American works, and evinces a commendable and patriotic scholarship. The sketches take the form of a series of brief biographies, in connection with which the surgical work of the worthies treated of, is presented. Although the series is arranged in chronological order, so far as the lives of the subjects are concerned, the history of any particular procedure can be obtained only by digging among the mass of disjointed biographical sketches. It would seem that the history of the military phase of the surgical art could have been better shown, had he arranged his matter progressively, so as to show the growth of the various topics involved.

A chapter of considerable length is devoted to the description of the arms of modern warfare, including both cutting and piercing arms and firearms. It is apparently intended to present an exhaustive discussion of the subject, for the arms used by the principal powers are considered in detail, giving the charge of powder, and the size, weight, and shape of the projectile—the latter graphically. We have not the means at hand for testing the correctness of his observations upon the arms of other countries; but when he informs us that the United States Army is provided with the "Remington-Springfield, calibre 58," the "Springfield-Remington, calibre 50," and the Berdan rifles, he is far from the truth. During the War of the Rebellion, when an immense body of volunteer troops was in the field, the arms were almost as various as the volunteer organizations which used them, and we believe that at one time pieces of calibre 50 and 58 were manufactured at the Springfield arsenal. But no such varieties of ordnance as the first two named by Delorme were ever used by our army, nor were any such ever manufactured. The Remington rifle is used by certain militia organizations, but the only model used in the United States service at the present time, and for a considerable number of years past, is the Springfield breech-loader, calibre 45, admitting a cartridge containing seventy grains of powder, propelling a conical projectile weighing five hundred grains with an initial velocity of thirteen hundred feet.

The remainder of the volume is devoted to a consideration of wounds involving the soft parts. Here M. Delorme falls into line with modern surgery by prescribing antiseptic dressings for individual wounds, but it is to be regretted that he has not seen fit to enter more at length into the general consideration of the application of aseptic and antiseptic methods in the treatment of wounds received in war. With all the machinery of a well-equipped hospital, with ample skilled assistance, and with a comparatively small number of cases, civil aseptic surgery has advanced well on the road to perfection. But so much greater are the difficulties with which the military surgeon has to contend, that the case is quite different with the surgery of war. The problem of antiseptic dressings amid the flying dust, the bewildering smoke, and the confusing roar of the battlefield is a difficult one. But surely, starting from the foundation laid by the civil surgeon, many advances in technique must have been made. That the recent wars of the French, the campaigns in Tunis and in Tonquin have not been entirely unproductive in this respect, is very vaguely indicated however. German authors have been particularly fruitful upon this subject, the recent work of Mosetig-Moorhof being a case in point.

The importance of the first dressing cannot be too strongly emphasized at any time, and its importance is all the greater in military surgery where, because of the deluge of wounded, the first dressing must, in many cases, be the only one for a considerable period. Accordingly the dressings should be portable so that they can readily be carried by bearers up to the line of battle itself, where the timely application of a suitable dressing may prevent many a death. The apparatus of aseptic operative work should also be reduced to a minimum in bulk and a maximum in efficiency, for field hospitals and first dressing stations, in particular, are subject to sudden removals. The technique of modern military surgery then differs in essential details from that of civil life, and the absence of a thorough discussion of these points in a work upon the surgery of war is an inexcusable blemish.

His chapter on lesions of the bloodvessels opens with arteries, and considers first contusions, proceeding then to penetrating wounds, illustrating, by drawings of his own specimens, a number of cases of lateral and perforating wounds and complete sections. Here he introduces a section on provisional hæmostasis, showing the methods and localities for the application of digital compression, with some remarks on prepared and extemporized tourniquets. While noting the method of checking hemorrhage in the leg or forearm by forced flexion of the knee or elbow, he omits any reference to the method of obtaining this result by forcibly flexing a limb upon a hard, smooth surface, which is in most cases applicable to wounds of the entire length of both extremities, and is an exceedingly convenient temporary method of hæmostasis.

In treating of wounds of the veins, he rejects the lateral ligature, believing that, in view of the increased danger of recurrent hemorrhage, total ligature is the preferable procedure. Neither does he refer to the method of closing lateral incised wounds in large vessels by stitching the lips of the wound together with fine aseptic sutures. On the whole, however, his discussion of wounds of the vessels is excellent and reliable.

More than the usual amount of space is devoted to lesions of nerves, the material for which is largely taken from the works of Mitchell, Morehouse, and Keen, and other American sources. He, however, does not speak of the distance sutures of his compatriot, M. Assaky, which would seem to be particularly adapted to gunshot wounds, where the continuity of a nerve is apt to be interrupted for some little distance.

Delorme is not an advocate of the primary antiseptic occlusion of all gunshot wounds, holding that fragments of shell should always be removed, and that gun or pistol shots should be extracted or left undisturbed, according to the tolerance of the parts and the form and condition of the missile. In this he takes a conservative position, rather in opposition to the tendency of the day. Holding these views, it would be expected that a complete study of the various bullet extractors would be presented, as is the case. He merely mentions, however, the electric apparatus of Bell for locating a projectile, and entirely ignores the valuable induction balance and telephonic probe of Girdner.

Secondary complications of wounds of the soft parts, secondary hemorrhage, and the secondary complications of nerve wounds, together with inflammatory troubles, tetanus and hospital gangrene are fully and ably discussed. Injuries affecting the viscera, bones, joints, etc., are reserved for the second volume, which will complete the work in 1889.

To an extent unusual in authors of his nationality, M. Delorme has made use of the works of foreign writers, conspicuous among whom are American surgeons. The labors of Otis and Huntington in the Surgical History of the Rebellion have afforded him a treasure which he has used freely. And while not complete as a guide to the actual practice of military surgery, this work contains a mass of well-digested information which will be of the greatest service to the student, and in reality marks an advance in the study of the surgery of war. J. E. P.

OPHTHALMIC SURGERY. By ROBERT BRUDENELL CARTER, F.R.C.S., Ophthalmic Surgeon to St. George's Hospital, etc.; and WILLIAM ADAMS FROST, F.R.C.S., Assistant Ophthalmic Surgeon to St. George's Hospital, etc. Illustrated with a chromograph and ninety-one engravings. 12mo. pp. 554. Philadelphia: Lea Brothers & Co., 1888.

THE authors of this work come forward now, not as new candidates for the attention of their professional brethren, but as those who, having already well demonstrated their ability to discuss in a very clear and agreeable manner the subjects here considered, will at once be accorded attention to their new statement of matters both old and new.

In power to make the setting forth of their views entertaining, as well as instructive, they are well matched; and the piquant, forcible way in which facts are presented serves to rouse fully the powers of apprehension in the reader, reducing to a minimum the effort of perusal, while making the most vivid and lasting mental impression. As an instance of the advantage this power gives an author, take this exposition by Carter, of his objections to "the diathetic nicknaming" of iritis:

> "There is one ground, however, on which I strongly object to this ticketing of iritis with the names of various diseases; namely, that the habit is likely to mislead the inexperienced practitioner into an endeavor to treat the name on the ticket, while the iritis may be neglected until it has done irreparable harm. I do not know of any disease which prevents the occurrence of iritis, and, hence, I do not know of any with which it may not sometimes be associated. I have very little objection to its being described as 'syphilitic,' because the description is in many cases accurate, and because it has no tendency to interfere with, but rather to promote, the proper conduct of the treatment; but I do not know how to define the conditions under which the epithet may be properly applied. . . . There are books from the perusal of which one could rise with the belief that to distinguish between syphilitic and non-syphilitic iritis would be a simple matter. A further examination shows that the syphilitic iritis of one writer is the non syphilitic of another, and that the symptoms which one regards as pathognomonic, are by another regarded as unimportant. When we turn to other diatheses or constitutional states, the confusion becomes worse confounded, and the practitioner, possibly not thoroughly skilled in the management of eye-disease, but familiar with rheumatism or with gout, is not to be overmuch blamed if he is led by the 'imposture and force of words' to attend to what he thinks he understands,

> and to neglect that about which he feels less confident. I strongly hold, therefore, that what I may call the diathetic nicknaming of iritis is to be deprecated. It does but darken counsel, and puts empty phrases in the place of knowledge. We do not understand a given case one whit better for calling it 'rheumatic,' and the term tends to relegate to the second place, as a mere accident of another affection, a malady in which all our skill will be necessary if we are adequately to discharge our responsibilities to the patient."

Doubtless the main idea thus set forth could be stated much more briefly, perhaps in one or two short sentences. But if these sentences failed to arrest the attention of the reader and impress his memory, they would be entirely worthless, and would constitute a statement infinitely inferior to the one quoted.

If a concise rigid style has not been adopted, it may seem, on taking up this manual, that the subject can scarcely be treated in a book of its size without some serious omissions. But a careful search shows that none have been made. The authors have avoided extended quotations, either from their own earlier writings, or those of others; and a quotation is very apt to be, to some extent, a repetition, and to require a certain amount of introduction, and so becomes a great consumer of space. Nor has the work been expanded with "copious references," illustrating the breadth of the authors' reading, or with numerous cases mainly suggestive of their great experience. And the condensing of the work to the size of a "clinical manual" has been largely due to the use of thin paper, of which comparatively little is wasted in margins; the book probably representing as much "copy" as the treatise of Juler, which occupies double the space on the book-shelf.

In his earlier writings, Mr. Carter has laid considerable emphasis upon certain observations that seem to leave it very much in doubt whether the disorder of vision commonly ascribed to the excessive consumption of tobacco was really connected with the use of that narcotic. Remembering this, it is of interest to note that he now says:

> "The cases of tobacco amblyopia which I have recognized, and in which the diagnosis has been confirmed by restoration of sight when the tobacco was abandoned, have been attended by some pallor of the optic nerves, with no effusion or blurring of their outlines, and by perfect knee-jerks. By the last-named symptom the cases have been discriminated from early stages of locomotor ataxy, to which, as far as the state of the optic nerves and vision were concerned, they bore a great resemblance. My colleague, Mr. Frost, who has seen a large amount of tobacco amblyopia among out-patients, is of opinion that in the earlier stages the disk margins are a little hazy, and that this condition is succeeded by pallor of the outer half of the nerve."

Though no allusion is made to his former argument, throughout his account of the affection, as in the above extract, the views expressed are entirely in accord with those most generally held by ophthalmic surgeons at the present day.

As a substitute for enucleation, evisceration or exenteration, and the Mules' operation, "a great improvement on it, as far as the cosmetic effect is concerned," are mentioned favorably by both authors; and Mr. Frost very frankly states the objection to complete enucleation and the insertion of a glass sphere in the capsule of Tenon, the substitute for the Mules' operation proposed by himself. But the credit for the first proposal of evisceration is here, as by other European writers, given to Alfred Gräfe. Now, although Gräfe proposed it at the Congress of

German Naturalists and Physicians, in September, 1884, probably without knowing that it had previously been proposed and resorted to, the fact is that it had been proposed, and a case in which it was performed reported in the *Transactions of the American Ophthalmological Society for 1878*, by Dr. H. W. Williams, of Boston. It is true that Williams had intended to do merely an abscission, and removed the whole contents of the sclera only because he found an ossified choroid, and had promised the patient that he would not enucleate. But, having thus been led to perform the operation, he proposed it as a common substitute for enucleation, and gave a very good account of its special advantages and disadvantages.

In general, the authors seem quite familiar with American work on ophthalmology, though they credit Dr. Prince, of Illinois, with his tendon advancement operation, to Philadelphia; and describe and figure as "the Loring-Noyes ophthalmoscope" an instrument that smacks strongly of John Bull, and which, with its three mirrors and its handle "of sufficient size and weight to be firmly grasped, and to balance the other parts of the instrument," would constitute no mean weapon in hand-to-hand combat.

The work throughout is marked by its practical character and good common sense, which makes a lapse like the following all the more striking:

> "As in the camera, the image formed upon the retina is inverted, and the means by which this inverted image is made to convey a correct impression to the sensorium has been a subject of much dispute among philosophers. The most probable explanation is based upon the positions of the retinal bacilli, which are radial to the centre of the eyeball; so that a bacillus in the upper part of the retina, which receives the image of the lower part of an object of vision, may be said to be looking down toward it, and hence to project it into its right position. The same principle would apply, of course, to all other parts of the retinal surface."

That this question of the erect perception of objects by the aid of an inverted retinal image has puzzled every dabbler in optics and raw student of ophthalmology, cannot be denied; and it has even revealed a lamentable mental haze where we would not otherwise have expected it (see the first number of this journal, November, 1827, p. 163). But Kepler, when he first set forth the facts regarding the retinal image, nearly three hundred years ago, fully explained the matter; and those who would like a particularly full presentation of that explanation, which has never been intelligently questioned, should consult Porterfield on the Eye, published in 1759. The fact is that we are not in any way directly conscious of the existence of a retinal image, much less are we conscious of the relative positions of its various parts. Each separate ray of light makes its impression on one particular part of the retina, giving rise to an impulse which travels by a particular nerve path to influence a particular group of brain cells. By experience, and by experience alone, we learn to associate the stimulation of this particular portion of the sensorium with a certain direction of the object whence the light comes, and so learn to judge of the relative positions of objects. Because light falling in a certain direction always influences the same group of retinal cones, nerve-fibres, and central ganglion-cells, we are able to judge relative positions correctly. But the actual or relative position of the cone influenced has no more to do with that judgment than has the position of the nerve-fibre or ganglion-cell involved in the process. Will not the "philosophers" stop the "dispute" over the inverted retinal image and the correct projection of objects, and explain why parallel lines appear parallel lines, although the optic nerve fibres are inextricably tangled? Or why a plane seems a plane, although the perceptive cerebral cells are grouped in some totally different geometrical relation?

Such an attempt might at least reveal the folly of confusing the objective and subjective phenomena of any given act; and so finally terminate the dispute in question. E. J.

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. By E. L. KEYES, A.M., M.D., Professor of Genito-urinary Surgery, Syphilology, and Dermatology in Bellevue Hospital Medical College; Surgeon to the Charity, the Bellevue, and the Skin and Cancer Hospitals; Consulting Surgeon to the Bureau of Out-door Relief, Bellevue Hospital; Surgeon to St. Elizabeth Hospital, etc. 8vo. pp. xv. 704. New York: D. Appleton & Co., 1888.

THIS handsome volume is not merely a new edition of the well-known work of Van Buren and Keyes, but a complete revision of that textbook. The original plan of the older work has been retained, and its scope remains the same; but it has been entirely recast, and in a large measure rewritten.

This course has been made necessary by the vast progress which has marked the history of surgery during the last ten years, especially in the field of therapeutics and operative procedures. To bring the book up abreast of the times upon the new device of litholapaxy, suprapubic cystotomy, the modern surgery of the kidney, the treatment now followed in diseases of the tunica vaginalis, and the many minor changes which find expression in the use of new agents, Dr. Keyes was compelled to omit many things, to add considerable new matter, and largely to modify much of the remainder. Some chapters are entirely new, and in order to make room for desired additions all the cases have been dropped.

Of course, such radical changes interrupt the historical sequence of the volume, and detract somewhat from the vividness of the picture belonging to the narrative. But such considerations belong to literature and must be disregarded in practical scientific works, and although Dr. Van Buren's part in the volume has been almost altogether eliminated, the result is eminently satisfactory from a surgical standpoint. As it now stands, it is a treatise which may safely be consulted and which fairly and freely speaks of the most modern methods. Dr. Keyes is enthusiastic in his commendations of litholapaxy, and cordially endorses the high operation for stone, while he decides that the time-honored and brilliant methods of reaching the bladder through the perineum are only applicable in the cases of male children with stones of moderate size.

Dr. Keyes says the book "is an honest exhibit of my views upon all the subjects considered," and as his experience has been large, and his skill and prudence are undisputed, we have no hesitation in saying there is no one in this country whose judgment is more worthy of confidence, or whose directions may be more safely followed. S. A.